



Method of Prize Payment

SECTION 1 (To be completed by Player)

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

I hereby authorize the Florida Lottery to make payment of my prize winnings in the form of:

ACH _____ Check _____

If you would like the funds transferred electronically into your bank account, please complete this section.

Bank Name _____

Account Holder's Name _____

Bank ACH Number _____ Account Number _____

Account Type: () Checking () Savings ()

Attach Direct ACH Routing Instructions

Bank Contact _____ Phone Number _____

I authorize the above referenced bank to confirm and release all indicated information for the account listed above to the Florida Lottery.

Claimant's Signature _____ **Date** _____

SECTION 2 (To be completed by Lottery Employee)

Bank info verified: (Bank Rep.) _____ by: _____ Date: _____

Additional wins: No _____ Yes _____ Prize amount: _____

Scheduled Payment Date: _____

Payment Option [] Cash Option [] Annual Payment Option

Gross amount: \$ _____ SOD amount (if applicable): \$ _____

Net amount: \$ _____

Section 2 completed by: _____ Date: _____